

18763

MANIFESTS
(Newton)

0908-0253

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

W0424833 MA 7112

NAME

MAILING ADDRESS

PHONE NUMBER

STATE/E.P.A. ID. NO.

MANIFEST NUMBER

GENERATOR

PRIMARY TRANSPORTER

CONTINUING TRANSPORTER

T.R.W. Dot Div.
Reliance Control & Maintenance

459 Webster St., North Attle
PO Box 301, Dighton, Ma.

(617) 454-3500
(617) 254-0350

MA 01902-2414
MA 01902-2414

H.W.F.

IF MORE THAN ONE MANIFEST /

SHIPPING PAPER IS USED:

TOTAL NO. OF THIS FORM

MANIFEST NO. OF FIRST FORM

DATE SHIPPED

MONTH DAY YEAR

EXPIRATION DATE

MONTH DAY YEAR

U.S. DOT. SHIPPING NAME

DOT. HAZARD CLASS

U.N. / N.A. NO.

WT. / VOL.

UNITS

UNIT CODE

CONTAINER NO.

TYPE

E.P.A. WASTE NO.

DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.

Hazardous Waste Liquid N.O.S. ORM-I

214 9189

110

kg

214

214

214

214

Hazardous Waste

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

REQUIRED LABELS

YES ☐ NO ☐

PLACARDS REQUIRED

THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.

Signature of Transporter

THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.

Signature of Transporter

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT.

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED CONTINUING TRANSPORTER AND THAT THE INFORMATION ON THIS

MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Generator

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE

DATE

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

H.W.F. COMPLETES

TRANSPORTER COMPLETES

GENERATOR COMPLETES

3. GENERATOR COMPLETED COPY

0908-0254

TRW-05041

MA	7112
MANIFEST	NUMBER

CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR SHIPMENT ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR'S EMERGENCY PHONE
IF DIFFERENT FROM ABOVE

H.W.F.
COMPLETES

DATE SOUTH

DATE SOUTH

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT.

MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE

TRW-05042

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 3700

MANIFEST NUMBER

GENERATOR NAME	111W DOT DIV	MAILING ADDRESS	453 WATERMAN ST. NEWTON MA	PHONE NUMBER	(617) 434-5500	STATE/E.P.A. I.D. NO.	
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PRIMARY TRANSPORTER	JETLINE SERVICES INC.	CONTINUING TRANSPORTER	441 CANTON ST. STOKELY MA		(617) 643-2823		
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H.W.F. CHECK LINE 111D.	385 QUAIL ME. EXH. THREE MA						
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IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:	TOTAL NO. OF MANIFESTS / FORMS ARE	THIS FORM NO. IS	MANIFEST NO. OF FIRST FOR	DATE SHIPPED	MONTH	DAY	YEAR	EXPIRATION DATE	MONTH	DAY	YEAR
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U.S. DOT. SHIPPING NAME	DOT. HAZARD CLASS	U.N. / N.A. NO.	WT. / VOL.	UNITS	UNIT CODE	CONTAINER NO.	TYPE	E.P.A. WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.
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HAZARDOUS WASTE SOLD TO JETLINE		NA	3000	12		11	DR	0002	WASTE AND CONTAINERS (Saw dust, KAGC)
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SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

REQUIRED LABELS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER	DATE SHIPMENT ACCEPTED	MONTH	DAY	YEAR	FOR TRAILER	MONTH	DAY	YEAR
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PLACARDS REQUIRED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER	DATE SHIPMENT ACCEPTED	MONTH	DAY	YEAR	FOR TRAILER	MONTH	DAY	YEAR
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INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT											
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I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

GENERATOR SIGNATURE

DATE

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

MA 3678

TRW-05044

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

21/301

MA 7102
MANIFEST NUMBER

GENERATOR		NAME		MAILING ADDRESS		PHONE NUMBER		STATE/E.P.A. I.D. NO.	
GENERATOR		T.R.W. Dot Name		459 Webster St., Natick, MA		(617) 494-5651		MA 01903-0001	
PRIMARY TRANSPORTER		Pollution Control Unlimited		P.O. Box 301, Brighton, MA		(617) 254-0350		MA 02135-0001	
CONTINUING TRANSPORTER									
H.W.F.		Seacrest Industries		385 Quincy Ave., Braintree, MA		(617) 848-0612		MA 01905-0001	
IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:		TOTAL NO. OF THIS FORM		NO. IS		DATE SHIPPED		EXPECTED ARRIVAL	
		FORMS ARE				MONTH DAY YEAR		MONTH DAY YEAR	
U.S. DOT SHIPPING NAME		DOT HAZARD CLASS		U.N. / N.A. NO.		WT. / VOL.		UNITS	
1. Test Oil U.S.		ORM-I		NA 9189		55		24	
2.									
3.									
4.									
5.									
6.									
SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:									
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802									
REQUIRED LABELS		THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.		SIGNATURE OF TRANSPORTER		DATE SHIPMENT ACCEPTED		VEHICLE ID.	
YES <input type="checkbox"/> NO <input type="checkbox"/>				Ron Collins		10/9/82		42	
PLACARDS REQUIRED		THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.		SIGNATURE OF TRANSPORTER		DATE SHIPMENT ACCEPTED		VEHICLE ID.	
INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT									
H.W.F. COMPLETES									
TRANSPORTER COMPLETES									
IMPROPER DOT NAME									
I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.									
Signature of Generator									
DATE									
GENERATOR SIGNATURE									
DATE									
GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE									

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE

DATE

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 7102
MANIFEST NUMBER

GENERATOR	NAME	MAILING ADDRESS	PHONE NUMBER	STATE/E.P.A. I.D. NO.
PRIMARY TRANSPORTER				
CONTINUING TRANSPORTER				
H.W.F.				
IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:	TOTAL NO. OF MANIFESTS / FORMS ARE	THIS FORM NO. IS	MANIFEST NO. OF FIRST FORM	DATE SHIPPED: MONTH DAY YEAR
U.S. DOT. SHIPPING NAME	DOT. HAZARD CLASS	U.N. / N.A. NO.	WT. / VOL.	UNITS
1. <i>Acid</i>				
2. <i>Acid</i>				
3.				
4.				
5.				
6.				
SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:				

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

[Signature]
GENERATOR SIGNATURE

DATE *82*
GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

TRANSPORTER COMPLETES

REQUIRED LABELS	YES <input type="checkbox"/> NO <input type="checkbox"/>	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER
PLACARDS REQUIRED	YES <input type="checkbox"/> NO <input type="checkbox"/>	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER

H.W.F. COMPLETES

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT.

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

MANIFEST	NUMBER
MA	7207

GENERATOR'S EMERGENCY PHONE
IF DIFFERENT FROM ABOVE

K. L. Abante

820/82 ()

GENERATOR COMPLETES

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Steve Linder

8 22

SIGNATURE

3. GENERATOR COMPIETEN RÖD

0908-0260

TRW-05047

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA
MANIFEST NUMBER
7207

GENERATOR NAME	TAXI - COAST DIVISIONAL		MAILING ADDRESS	1000 N. 1st St. Boston, MA 02111		PHONE NUMBER	(617) 410-3601		STATE/E.P.A. I.D. NO.			
PRIMARY TRANSPORTER	TAXI - COAST DIVISIONAL						(617) 410-3601					
CONTINUING TRANSPORTER												
H.W.F.												
IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED	TOTAL NO. OF THIS FORMS ARE		MANIFEST NO. OF FIRST FORM		DATE SHIPPED		MONTH DAY YEAR		EXPECTED RETURN DATE		MONTH DAY YEAR	
U.S. D.O.T. SHIPPING NAME	D.O.T. HAZARD CLASS	U.N. / N.A. NO.	WT. / VOL.	UNITS	UNIT CODE	CONTAINER NO.	TYPE	E.P.A. WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.			
1. Hazardous Waste			700						Waste for			
2.												
3.												
4.												
5.												
6.												

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXCEPTION, AND EMERGENCY RESPONSE INFORMATION:

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER COMPLETES

REQUIRED LABELS	<input type="checkbox"/>
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
PLACARDS REQUIRED	<input checked="" type="checkbox"/>

THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER
THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	SIGNATURE OF TRANSPORTER

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT.	SHIPMENT ACCEPTED	NO FOR TRAILER, OR RAIL
	DATE MONTH DAY YEAR	

H.W.F. COMPLETES

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

7. GENERATOR COPY

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE

DATE

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

0908-0261

TRW-05048

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 8840

MANIFEST NUMBER

GENERATOR	NAME	MAILING ADDRESS	PHONE NUMBER	STATE/E.P.A. I.D. NO.					
TRW FATEVERSON DIVISION	430 WATSON ST, WENTHROP, MA 02150	(617) 434-5500							
PRIMARY TRANSPORTER	PAULSON CONTAINER LIMITED	(617) 661-0100							
CONTINUING TRANSPORTER									
H.W.F.	RECYCLING INDUSTRIES INC.	385 WATSON AVE, EXETER, NH 03042	(603) 243-1612	MA 100-26637					
IF MORE THAN ONE MANIFEST/SHIPPING PAPER IS USED:	TOTAL NO. OF FORMS ARE 2	THIS FORM NO. IS 1	MANIFEST NO. OF FIRST FORM 100-26637	DATE SHIPPED MONTH 11 DAY 13 YEAR 1993					
U.S. DOT. SHIPPING NAME	DOT. HAZARD CLASS	U.N. /N.A. NO.	WT./VOL.	UNITS	UNIT CODE	CONTAINER NO.	TYPE	E.P.A. WASTE NO.	DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.
1. WASTE CYANIDE MIXTURE, DRY	POISONOUS	UN	5	GAL	15	1	DA	15010	CYANIDE CONTAMINATED SHAKET PUMP HEAD ASSEMBLY
2. WASTE PAINT	FLAMMABLE LIQUID	UN	50	GAL	15	1	DA	15001	FLAMMING CEMENT
3. WASTE COKE OIL	FLAMMABLE LIQUID	UN	5	GAL	15	1	DA	15003	LUBRICATING GREASE
4. WASTE OIL NO. 2	FLAMMABLE LIQUID	UN	30	GAL	15	1	DA	15001	OIL & METAL SHIPS
5. WASTE OIL NO. 2	FLAMMABLE LIQUID	UN	6	GAL	15	1	DA	15001	
6. WASTE OIL	FLAMMABLE LIQUID	UN	6	GAL	15	1	DA	15001	

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION, AND EMERGENCY RESPONSE INFORMATION:

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

REQUIRED LABELS	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	DATE SHIPMENT ACCEPTED MONTH DAY YEAR
<input checked="" type="checkbox"/> YES		11 13 1993
<input type="checkbox"/> NO		
PLACARDS REQUIRED	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.	DATE SHIPMENT ACCEPTED MONTH DAY YEAR
<input checked="" type="checkbox"/> YES		11 13 1993
<input type="checkbox"/> NO		
SIGNATURE OF TRANSPORTER	SIGNATURE OF TRANSPORTER	DATE OF DEPARTURE MONTH DAY YEAR
		11 13 1993

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

H.W.F. COMPLETES

TRANSPORTER COMPLETES

GENERATOR COMPLETES

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

7. GENERATOR COPY

0908-0262

TRW-05049

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR SIGNATURE

DATE

GENERATOR'S EMERGENCY PHONE IF DIFFERENT FROM ABOVE

MANIFEST

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR'S EMERGENCY PHONE
IF DIFFERENT FROM ABOVE

GENERATOR COMPLETES

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

7 GENERALIZATION

0908-0263

TRW-05050

TRW-05051

Part B: GEN NAME TRW FASTER Div. GEN EPA ID# 014700010326711

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."		DATE DELIVERED Mo. 5 Day 20 Yr. 83
TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."		DATE RECEIVED Mo. Day Yr.
TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."		DATE DELIVERED Mo. Day Yr.
TRANSPORTER NO. 2 PERMIT NUMBER		DATE RECEIVED Mo. Day Yr.
TSD NAME		DATE DELIVERED Mo. Day Yr.
TSD EPA ID #		DATE RECEIVED Mo. Day Yr.
TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS		DATE DELIVERED Mo. Day Yr.
TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."		DATE RECEIVED Mo. Day Yr.
SIGNATURE		DATE DELIVERED Mo. Day Yr.
In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.		DATE RECEIVED Mo. Day Yr.

COPY 3 Generator-Mailed by TSD Facility

0908-0264

GENERAL INSTRUCTIONS: HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

IMPORTANT: Read all instructions before completing this form.

This manifest contains seven copies. To insure that each copy is readable, the manifest must be completed with a typewriter or by pressing firmly with a ball point pen. The instructions to the generator, transporter(s) and hazardous waste facility (H.W.F.), are on the back of each copy of the form. The information required for each entry on these forms are included in the instructions. The manifest number in the upper right hand corner of this form is preassigned by the state in which the waste is generated.

The seven copies of this manifest are intended to be filled with the appropriate party as they are completed. As the manifest proceeds, the copies will be returned back to front. The shaded portions of this form are intended for data processing; it is important that numbers appear in the hash marks and the digits end at the far right of each closure. An example for wt./vol. is 1500.501. If more than six waste streams are listed, or if more than two transporters are used, an additional manifest form will be needed. If an additional copy is needed for a continuing transporter, the generator or primary transporter will provide the necessary photo copy. The disposition of each of the numbered copies, as they are completed, is as follows:

1. ORIGINAL:
The original stays with the waste from generation to completion by the hazardous waste facility. When the manifest is completed, the hazardous waste facility will mail this copy to the state where the waste was generated.
2. Destination State:
When the hazardous waste facility completes his section of the manifest, he mails this copy to the state where his facility is located.
3. Generator Completed Copy:
When the hazardous waste facility completes his section of the manifest, he mails this copy to the generator of the waste.
4. H.W.F. Copy:
When the hazardous waste facility completes his section of the manifest, he keeps this copy for his records.
5. Transporter Copy:
When the transporter has completed his section of the manifest and transfers the waste to the hazardous waste facility, he keeps this copy for his records.
6. Generator State:
When the generator has completed his section of the manifest and transfers his waste to the transporter, he mails this copy to the state where the waste was generated.
7. Generator Copy:
When the generator has completed his section of the manifest and transfers his waste to the transporter, he keeps this copy for his records.

GENERATOR SECTION

Generator's Name:
Enter the name of your facility as appears in the EPA notification package.

Generator's Mailing Address:
Enter the address of your facility.

Generator's Phone Number:
Enter the telephone number including area code for your facility.

Generator's Site State/EPA I.D. No.:
Enter the State/EPA Identification number for your facility.

Primary Transporter's Name:
Enter the name of your primary transporter.

Transporter's Address:
Enter the mailing address of your transporters facility.

Transporter's Phone Number:
Enter the telephone number including the area code of your facility.

Transporter's State/EPA I.D. No.:
Enter the State/EPA Identification number for your transporter.

Continuing Transporter's Name:
Enter the name of your continuing transporter.

Transporter's Address:
Enter the mailing address of your transporter's facility.

Transporter's Phone Number:
Enter the telephone number including the area code of your transporter's facility.

Transporter's State/EPA I.D. No.:
Enter the State/EPA Identification number for your transporter.

H.W.F. Name:
Enter the name of the hazardous waste facility receiving your waste.

H.W.F. Address:
Enter the address of the hazardous waste facility receiving your waste.

H.W.F. Phone Number:
Enter the telephone number including the area code of the hazardous waste facility receiving your waste.

H.W.F. Site State/EPA I.D. No.:
Enter the State/EPA Identification number of the hazardous waste facility.

Total No. of Forms:
Enter the number of manifest forms used for this shipment.

Form No.:
Of the total number of manifest forms used, enter the number of this form.

Manifest No. of First Form:
If this shipment contains more than one form, enter the manifest number of the first form.

Date Shipped:
Enter the date the transporter took the waste from your site.

Expected Arrival Date:
Enter the date you expect the hazardous waste facility to receive your waste.

U.S. D.O.T. Shipping Name:
Enter the U.S. D.O.T. Shipping Name for your waste as appears in 49 CFR §172 Subparts A, B and C.

D.O.T. Hazard Class:
Enter the U.S. D.O.T. Hazard Class for your waste as appears in 49 CFR §172 Subparts A, B and C.

U.N./N.A. No.:
Enter the United Nations Identification Number or North America Number as appears in 49 CFR §172 Subparts A and B.

Wt./Vol.:
Enter the total weight or volume of the waste.

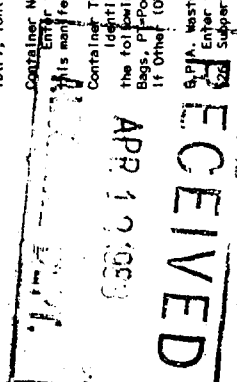
Units:
Enter the units as listed for quantity of waste(s). Units of measure which must be used for this manifest and appropriate codes are: Pounds(lb), Tons(ton), Gallons (gal), and Cubic Yards (yd).

Unit Code:
Enter the appropriate code for each of the units used: lb(P), ton(T), gal(G), and yd(Y).

Container No.:
Enter the number of containers in the waste shipment which this manifest accompanies.

Container Type:
Identify the type of container(s) used for this waste using the following abbreviations: DR-Drum, TR-Truck, CA-Carton, BG-Bags, PT-Portable Tank, CT-Cargo Tank, TO-Tank Car, and OT-Other. If Other (OT) is used, explain under Special Handling Instructions.

S.P.A. Waste No.:
Enter the EPA hazardous waste number as appears in 40 CFR §172 Subparts C and D.



Description or Waste Analysis If Waste is H.O.S.
Enter description or analysis for any waste which does not have a U.S. D.O.T. Shipping Name. If waste is a liquid, enter its specific gravity.

Special Handling Instructions Including Container Exemptions; And Emergency Response Information.
Enter any container exemption and any expected problems in handling. Include specific properties of the waste not identified by the U.S. D.O.T. Hazard Class (eg. cancer causing) and a description of containers marked in the container type column. Enter emergency response information regarding protection of the public and emergency personnel and containment to be employed in case of spillage. Include telephone numbers for key personnel.

Generator Signature:
Enter the signature of the individual responsible for handling the waste.

Date:
Enter the date that the generator shipped the waste.

Generator's Emergency Phone:
Enter the telephone number of the individual to be called in the event of spillage or other emergency.

TRANSPORTER SECTION

Required Labels:
Indicate whether the containers are marked and labeled as required in 49 CFR §172 Subparts D and E.

Placeards Required:
Enter the names of placeards used for the waste shipment as appears in 49 CFR §172 Subpart F.

Signature of Transporter:
Enter the signature of the individual responsible for shipment of the waste.

Date Shipment Accepted:
Enter the date the transporter accepted the waste.

Vehicle I.D. Number:
Enter the two letter abbreviation for the state of vehicle registration and the company identification number for the trailer.

Date of Delivery:
Enter the date the transporter delivers the shipment of waste to the hazardous waste facility or the continuing transporter.

Continuing Transporter Signature:
The transporter receiving the waste from another transporter shall sign the manifest.

Date of Acceptance:
A continuing transporter, who accepts a waste shipment from another transporter, shall enter the date he accepted that shipment.

Continuing Transporter Vehicle I.D. Number:
Enter the two letter abbreviation for the state of vehicle registration and the company identification number for the trailer.

Date of Delivery:
Enter the date the transporter delivers the shipment to the hazardous waste facility.

HAZARDOUS WASTE FACILITY

Shipment Problems:
Enter any differences between manifest and shipment, list rejected materials and reasons for rejection, and indicate the disposition of rejected materials.

Handling Method:
Enter the Handling Method for each waste as described in 40 CFR §265 Appendix 1, Table 2.

Signature:
Enter the signature of the individual at the hazardous waste facility responsible for the receiving and disposition of the waste.

Date of Signature:
Enter the date that hazardous waste facility accepted the shipment.

TRW-05053

HAZARDOUS WASTE MANIFEST AND SHIPPING PAPER

MA 8812

MANIFEST NUMBER

TRW-05054

GENERATOR'S EMERGENCY PHONE
IF DIFFERENT FROM ABOVE

DATE

GENERATOR SIGNATURE

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED,
DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR
TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT
OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

GENERATOR COMPLETES

TRANSPORTER COMPLETES

H.W.F. COMPLETES

GENERATOR	NAME	MAILING ADDRESS	PHONE NUMBER	STATE / E.P.A. I.D. NO.
PRIMARY TRANSPORTER	TRW INDUSTRIES, INC.	47 WASHINGTON ST., NEWTON, MA 02459	(617) 424-1000	MA 0000033621
CONTINUING TRANSPORTER	WATKINS, INC.	200 TAYLOR ST., NEWTON, MA 02459	(617) 424-1000	MA 0000033621
H.W.F.	CECOS INTERNATIONAL, INC.	500 PINE STREET, NEW YORK, NY 10038	(212) 333-1000	NY 0000033621
IF MORE THAN ONE MANIFEST / SHIPPING PAPER IS USED:		TOTAL NO. OF THIS FORM		
FORMS ARE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		DATE SHIPPED: MONTH DAY YEAR		
U.S. DOT. SHIPPING NAME		D.O.T. HAZARD CLASS	U.N. / N.A. NO.	WT. / VOL.
HAZARDOUS WASTE, SOLID		ORM-E	NA 3150	20 TON
2.				
3.				
4.				
5.				
6.				
CONTAINER		UNIT	UNITS	E.P.A. WASTE NO.
NO. TYPE		CODE		
1001		17	TON	0000
DESCRIPTION OR WASTE ANALYSIS IF WASTE IS N.O.S.		DUCT WORK, AND, PIPING, AND ASBESTOS (BAGGED)		
EXPECTED ARRIVAL DATE		MONTH DAY YEAR		
DATE				

SPECIAL HANDLING INSTRUCTIONS INCLUDING ANY CONTAINER EXEMPTION; AND EMERGENCY RESPONSE INFORMATION:

CONTAINER TYPE - ROLL OFF

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

REQUIRED LABELS	<input type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE PRIMARY TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.
PLACARDS REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO	THIS IS TO CERTIFY THAT I AM THE CONTINUING TRANSPORTER AND HAVE ACCEPTED THE DESCRIBED SHIPMENT IN PROPER CONDITION FOR TRANSPORT TO THE IDENTIFIED H.W.F.
SIGNATURE OF TRANSPORTER		DATE OF SHIPMENT ACCEPTED: MONTH DAY YEAR
SIGNATURE OF TRANSPORTER		DATE OF SHIPMENT ACCEPTED: MONTH DAY YEAR
STATE		STATE
VEHICLE ID.		VEHICLE ID.
COMPANY NO. FOR TRAILER		COMPANY NO. FOR TRAILER
DATE OF DELIVERY: MONTH DAY YEAR		DATE OF DELIVERY: MONTH DAY YEAR

INDICATE ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT AND LIST REJECTED MATERIALS, INDICATE DISPOSITION OF REJECTED SHIPMENT

I CERTIFY THAT THE DESCRIBED WASTE(S) WAS DELIVERED BY THE AFOREMENTIONED DELIVERING TRANSPORTER AND THAT THE INFORMATION ON THIS

MANIFEST IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

46-14-1 (4/81)

See cover sheet
for instructionsSTATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

PLEASE TYPE

HAZARDOUS WASTE MANIFEST

DOCUMENT NO. NY 296557

Part A:

GENERATOR NAME TRW FASTENER DIV.	PHONE 617-494 5651	EPA ID NO. MA060193240
SITE ADDRESS 459 WATERTOWN ST NEWTON MA 02160		
TRANSPORTER NO. 1 SUFFOLK SERVICES INC	PHONE 617-825-9043	EPA ID NO. MA001911101
SITE ADDRESS 98 TAYLOR ST. BOSTON MASS 02122		
TRANSPORTER NO. 2	PHONE	EPA ID NO.
SITE ADDRESS		
TREATMENT, STORAGE OR DISPOSAL (TSD) FACILITY COCOS INTERNATIONAL INC	PHONE 716-873-4200	EPA ID NO. NY000800362
SITE ADDRESS 561 PINE N. GRA FALLS N.Y.		

THIS FORM IS NO. 1 OF A TOTAL OF 3 THE FIRST MANIFEST DOCUMENT NO. IS NY 296557

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN/NA NUMBER	DATE RECEIVED	CONTAINERS	DATE SHIPPED	EXPECTED ARRIVAL DATE
1 HAZARDOUS WASTE SOLID MVS	ORM-E	NA 9189	03/30/83	01	03/30/83	03/31/83
2						
3						
4						
5						
6						

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES INCLUDED IN SHIPMENT OF A NONHAZARDOUS NATURE WHICH DO NOT HAVE TO BE MANIFESTED)

TRW-05055

GENERATOR'S CERTIFICATION. This is to certify that the herein named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. The wastes described herein were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. This shipment also conforms with all applicable State regulations. I certify that the foregoing is true and correct.

GENERATOR'S SIGNATURE *Dennis F. Borsuk*
Please type name also **DENNIS F. BORSUK**

DATE SHIPPED **03/30/83** EXPECTED ARRIVAL DATE **03/31/83**
Mo. Day Yr. Mo. Day Yr.

TRANSPORTER NO. 1 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."
Louis Lepore

TRANSPORTER NO. 1
PERMIT NUMBER

DATE RECEIVED **03/31/83**
Mo. Day Yr.

Louis Lepore
LOUIS LEPORE

COPY 3 Generator—Retained by Generator

0908-0268

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS PM

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



RETURN
TO

TRW Fasteners Division
(Name of Sender)

31 Ames Street
(Street or P.O. Box)

Cambridge, MA 02142
(City, State, and ZIP Code)

Attn: Mr. D. Borsuk

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



RETURN
TO

TRW Fasteners Division
(Name of Sender)

31 Ames Street
(Street or P.O. Box)

Cambridge, MA 02142
(City, State, and ZIP Code)

Attn: Mr. D. Borsuk

<p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p>	
<p>(CONSULT POSTMASTER FOR FEES)</p> <p>1. The following service is requested (check one). <input type="checkbox"/> Show to whom and date delivered \$ <input checked="" type="checkbox"/> Show to whom, date, and address of delivery .. \$ 2. <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)</p>	
<p>TOTAL \$ _____</p>	
<p>3. ARTICLE ADDRESSED TO: The Commonwealth of Massachusetts Dept. of Environmental Quality Eng. One Winter Street Boston, MA 02108</p>	
<p>4. TYPE OF SERVICE: ARTICLE NUMBER <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED P260 477 007 <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL</p>	
<p>(Always obtain signature of addressee or agent) I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent <i>[Signature]</i></p>	
<p>5. DATE OF DELIVERY POSTMARK APR 5 1983 APR 5 1983 MA MCCORMACK ST BOSTON</p>	
<p>6. ADDRESSEE'S ADDRESS (Only if requested) 7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S INITIALS 23 PS</p>	

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

<p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p>	
<p>(CONSULT POSTMASTER FOR FEES)</p> <p>1. The following service is requested (check one). <input type="checkbox"/> Show to whom and date delivered \$ <input checked="" type="checkbox"/> Show to whom, date, and address of delivery .. \$ 2. <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.)</p>	
<p>TOTAL \$ _____</p>	
<p>3. ARTICLE ADDRESSED TO: NY Dept. of Environmental Conservation Div. of Solid Waste - Bureau of Haz. Waste Oper. South Wolf Albany, NY 12233-0001</p>	
<p>4. TYPE OF SERVICE: ARTICLE NUMBER <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED P351 493 851 <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL</p>	
<p>(Always obtain signature of addressee or agent) I have received the article described above. SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent <i>[Signature]</i></p>	
<p>5. DATE OF DELIVERY POSTMARK 4/11/83</p>	
<p>6. ADDRESSEE'S ADDRESS (Only if requested) 7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S INITIALS</p>	

PS Form 3811, Dec. 1980

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

0908-0270

TRW-05057